



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E275745**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02506
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION									
DATE OF COLLISION	10 - 07 - 2013	TIME (2400)	2008	COUNTY #	31	MILES		CITY #	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>			
SR 9	BLOCK NO.		MILE POST		
DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	
		FEET		LUNDEEN PARKWAY	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253508605
LAST NAME	SANABRIA CEJA	FIRST NAME	YESENIA	MIDDLE INITIAL	*

STREET NEW ADDRESS	1520 83RD AVE SE				
CITY	LAKE STEVENS	ST	WA	ZIP	98258

ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SANABY*100RP	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	12	17	1990
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGS5271	STATE	WA	VIN#	3A4FY58B96T290315
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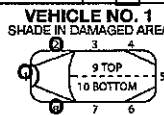
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	CHRY	MODEL	PT	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	MIDDLESEX INSURANCE 474554076
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254196995
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LAST NAME	EAKIN	FIRST NAME	PATRICK	MIDDLE INITIAL	D
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STREET NEW ADDRESS	2080 214TH ST SW
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CITY	BRIER	ST	WA	ZIP	98036
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	EAKINPD52901	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	21	1948
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	492WTR	STATE	WA	VIN#	1HGFA18846L082673
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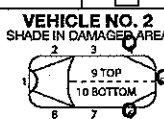
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	HOND	MODEL	CIVIC	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H6665714
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	JAMES WELLINGTON	BADGE OR ID #	93	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E275745**

CASE # **13-02506**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 was traveling southbound on SR 9 approaching Lundeen Parkway. The signal at Lundeen Parkway turned yellow and Unit 2 slowed to stop for the impending red light. Unit 1 was also traveling south on SR 9 behind Unit 2. Unit 1 did not slow for the light and was unable to stop before colliding with Unit 2. Both vehicles suffered reportable damage, no injuries were reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**JAMES WELLINGTON**

**10-07-13 11:31 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**10/8/2013 1:39:22 AM**

BADGE OR ID # **93**

ORI #

**WA0311900**

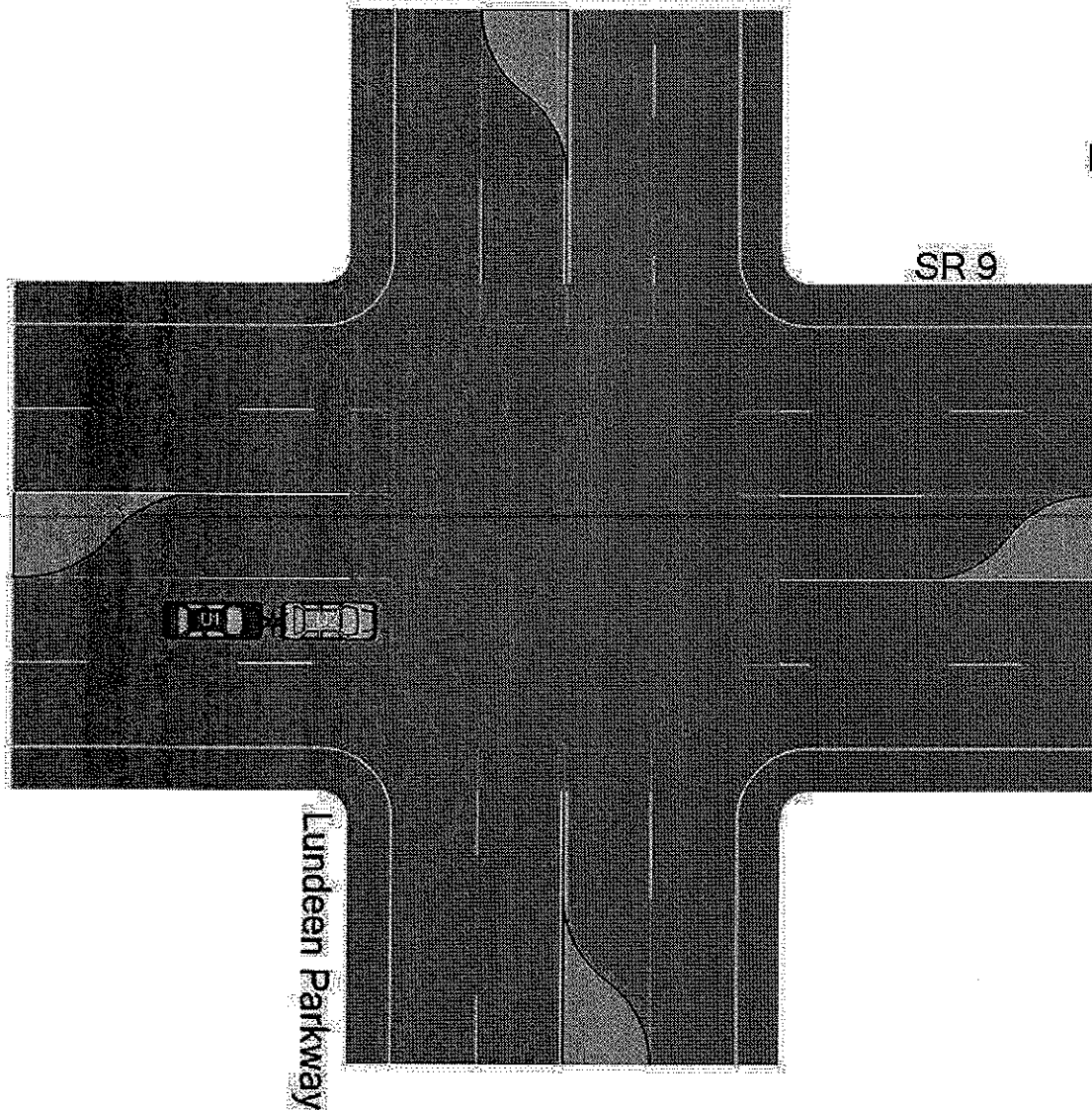
TIME POLICE DISPATCHED **8:09 PM**

TIME POLICE ARRIVED **8:11 PM**



Not To Scale

SR 9



Lundeen Parkway

Incident History for: #SS13022278  
Case Numbers: \$\$\$13002506  
Entered 10/07/13 20:08:52 BY SPCT04 SP0370  
Dispatched 10/07/13 20:09:07 BY SPDP17 SP0203  
Enroute 10/07/13 20:09:07  
Onscene 10/07/13 20:11:26  
Closed 10/07/13 20:31:11

Initial Type: ACC Initial Alarm Level: Final Alarm Level:  
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H  
Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT  
src: T  
Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Loc Info:  
Name: IGNASIO Addr: Phone: 4257894996

'2008 (SP0370) ENTRY , CC, NOW, NON INJURY NON BLOCKING, PURPLE PT CRU  
ISER VS SIL HONDA  
'2009 (SP0203) DISPER SS1932 #SS93 WELLINGTON, OFCR (JAMES)  
'2009 ASSTER SS1939 [LUNDEEN PARK WY/SR 9 NE , LKS]  
#SS115 THOR, OFFICER (ANDREW)  
'2011 ONSCNE SS1932  
'2018 (SS93 ) REMINQ SS1932 MDTVEH, AGS5271, , WA, , , , , , , , , ,  
'2019 REMINQ SS1932 MDTWANT, , , , , , WA, SANABY100RP, , , , , , , , , ,  
'2021 \*MISC SS1932 , U1 INSURE MIDDLESEX 474554076  
'2021 (SP0203) ASNCAS SS1932 \$\$\$13002506  
'2023 (SS93 ) \*MISC SS1932 , U1 PHONE 425-350-8605  
'2023 REMINQ SS1932 MDTVEH, 492WTR, , WA, , , , , , , , , ,  
'2024 REMINQ SS1932 MDTWANT, EAEKIN, PATRICK, D, 092148, M, , WA, , , , , , , , , ,  
'2025 REMINQ SS1932 MDTWANT, , , , , , WA, EAKINPD52901, , , , , , , , , ,  
'2026 \*MISC SS1932 , 425-419-6995  
'2027 \*MISC SS1932 , U2 INSUR-SAFECO H6665714  
'2031 (SP0203) CLEAR SS1932 D/H  
'2031 CLEAR SS1939 D/H  
'2031 CLOSE SS1939